SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X. A. Signature  X. A. A. Signature  X. A. A. Signature  X. A.
Article Addressed to: SEP 1 4 2011  Boyd Whitlock, Operator	D. Is delivery address different franklern 12 Yes 2 If YES, enter delivery address Maw: No.
South Circle Improvement and Service District	
PO Box 83 Ten Sleep, WY 82442	3. Service Type  Certified Mail
GA GA	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)	009 3410 0000 2594 7247
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
The Local Deposit of the Control of	Permit No. G-10
Sender: Please print your name, address, and ZIP+4 in this box •	
REGION 8 1595 Wynkoop Str Denver, CO 80202	cet Office of Enforcement
SDW A 08 2011 0	CO. 100 CO. 10
ENF-UFO Suran	- Ardue-Wilch